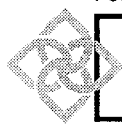


# Emergency Medical Dispatch



## Instructor Guide

U.S. Department of Health & Human Services  
Public Health Service



# HRSA

Health Resources & Services Administration  
Maternal & Child Health Bureau



People Saving People

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**National Highway Traffic Safety Administration**

**Emergency Medical Dispatch:  
National Standard Curriculum**

**INSTRUCTOR GUIDE**

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(NHTSA) and the U.S. Department of  
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# ***EMD NATIONAL STANDARD CURRICULUM***

## ***INSTRUCTOR GUIDE INTRODUCTION***

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# **EMD NATIONAL STANDARD CURRICULUM**

## **INSTRUCTOR GUIDE INTRODUCTION**

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### **OVERVIEW**

This guide contains all instructor materials and requirements for the National Highway Traffic Safety Administration, Emergency Medical Dispatch National Standard Curriculum. It includes lesson plans, instructional aids and tools and supporting information. Before teaching this course, you should be thoroughly familiar with the course content and the contents of the Instructor Guide and the Trainee Guide. Please read this entire Introduction before proceeding any further.

<p><b>NOTE:</b> Throughout this document you will see the acronym EMD. This acronym has two meanings. EMD can mean “Emergency Medical Dispatcher” or “Emergency Medical Dispatch,” depending on the context in which it is used.</p>
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### **COURSE DESCRIPTION**

This EMD Course is a 24-hour minimum course designed to elevate trained and experienced public safety telecommunicators to effectively direct and manage their emergency medical resources. This course primarily focuses on end user productivity in obtaining information from callers, selecting the proper protocol, dispatching proper resources and giving telephone medical instructions. Other areas of significance are the basic philosophy of EMD, legal concepts important to the EMD’s job and basic medical concepts necessary for understanding the medical content of emergency medical dispatch.

This course will provide EMD trainees with the skills and knowledge necessary to effectively dispatch resources for medical emergencies. The course is broken down into individual topics called modules. Each module is further sequenced into units. The modules and units were developed based on the behavioral learning objectives established. These behaviors represent the required behaviors of effective EMD personnel.

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### **COURSE GOALS AND OBJECTIVES**

The overall goal of the NHTSA EMD Course is to:

- ◆ Ensure that all users possess the baseline knowledge, skills and abilities to successfully function in the role of EMD call-taker or dispatcher.

To ensure the trainees meet the stated objectives, the course involves a variety of instructional methods and media. These are described in this Introduction and in the lesson plans.

### **AUDIENCE DESCRIPTION**

This course is designed for public safety dispatchers who require instruction in the medical content of emergency medical dispatch. It is assumed that these users have little or no prior knowledge in the medical aspects of emergency medical dispatch but have completed a basic telecommunicators course (or comparable experience). The main areas of instruction will focus on the telephone skills required to get information, resource allocation and the Emergency Medical Dispatch Protocol Reference System (EMDPRS).

Ideally, course participants will be from the same agencies; however, when this is not the case, participants will be expected to train with the EMD protocols from their respective employing agencies. The course should be modified to meet local needs that have been identified by local medical authorities and the EMD guidance committee. An effort has been made to ensure that the course content is generic enough to encompass all of the major areas for instruction, without being so specific that it cannot be modified for local needs.

### **INSTRUCTOR AND COURSE REQUIREMENTS**

This course is instructor-facilitated. This means that the instructor is responsible for training participants, coordinating instructional activities and ensuring objectives are met.

# EMD NATIONAL STANDARD CURRICULUM

## INSTRUCTOR GUIDE INTRODUCTION

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The instructor(s) for this course shall possess thorough knowledge of emergency medical dispatching and the working environment of public safety telecommunicators. Instructors selected for this course shall also have proven competency as instructors in other courses, have proficiency in the skills and concepts that are being taught in this course and shall have successfully completed a recognized EMD training course.

It is essential that the instructors for this course be capable of understanding, presenting and defending ALS level-Dispatch Life Support information. For the medical portion of this course, the instructor(s) shall have training, skills and experiences at the advanced Emergency Medical Technician (EMT) level (equivalent to EMT - Intermediate/ EMT-Paramedic). Alternately, the medical portion of this course can be taught by a critical-care trained physician, nurse or physician's assistant.

This high level of instructor qualification is due to the need for the instructor to facilitate trainee learning and understanding of the medical content of this training, and to facilitate their ability to interrogate and evaluate the information provided by callers. It is also required because trainees will need to be able to categorize caller information and appropriately assign predetermined response configurations and modes (adapted from ASTM standard F1552-94, section 5).

### PARTICIPANT MATERIALS

The participants must be provided with a Trainee Guide and other materials during this course. The Trainee Guide is the **training course book** that contains all the information, exercise aids, scenarios and other materials required to complete this course. It is presented in the order in which the course is taught.

The Trainee Guide is divided into four instructional **modules**. Each module is separated by a tab. Each module contains reference data, exercise aids and other materials required to complete the course. The first page of each module describes the contents of that module. The module objectives are listed following each module description.

Each module is divided into **units**. The first page of each unit describes the contents of that lesson. The lesson objectives are listed following each lesson description.



# **EMD NATIONAL STANDARD CURRICULUM**

## **INSTRUCTOR GUIDE INTRODUCTION**

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As the instructor, you should be very familiar with the contents of the Trainee Guide. Appropriate page references for using the guide in class are contained in the lesson plans.

### **INSTRUCTIONAL RESOURCES AND REQUIREMENTS**

During this course you will use a variety of instructional resources. These include written materials, lesson plans, Instructor Guide (IG) Notes, exercise aids, presentation screens and an examination. Each is described on the following pages.

**Unit Preparation.** The unit preparation comes prior to the unit introduction. It provides a list of materials, policies, scenarios, etc. that you, the instructor, need to have prepared prior to teaching that particular unit.

**Written Materials.** The written materials required include the Trainee Guide described previously, supplemental handouts and this Instructor Guide. Use supplemental handouts as you feel appropriate for this course. Make sure this Instructor Guide is with you at all times during the course.

It is strongly suggested that the instructor provide quality examples/scenarios tailored to the participants' agency requirements.

**Unit Plans.** This guide contains trainee text for each module of this course. Each module lesson plan is separated by a tab. Refer to a lesson plan while you read the following description.

Each unit plan identifies the approximate time required to teach that module and its associated units. This time indication is approximate. Your actual time may be longer or shorter. You may find a need to spend more or less time on a topic, depending on the needs of the audience. Don't feel that this time indication is a rigid dictate. It is only a guide.

The ***Trainee Text*** column provides an identical copy of the trainee guide text and subject matter to be covered. The ***Instructor Notes*** column provides directions to the instructor and notes for presentation. Each note is associated with a line item in the outline. When you need to show a particular presentation screen, that screen is identified by number in this column. Trainee Guide page numbers are provided when you need to direct the participants to turn to a certain page in their

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## **INSTRUCTOR GUIDE INTRODUCTION**

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books. In the Instructor Note column you will see references formatted like **<TG PAGE x-x>**. These tell you whenever there is a Trainee Guide page change. This way if trainees get lost, you can refer them to a specific page in their guides.

You can use the unit plans in several ways based on your own style of teaching and comfort level. First, use it to prepare for the course. Become familiar with the subject matter, the order in which it is to be taught and the facilitation of instructional activities and their solutions. Second, use it during the class to guide your presentation. Use it at both times as necessary. Don't forget that you can deviate from the plan as necessary to enhance your presentation or to meet the needs of a particular audience.

You may not, however, delete any material from this course. Additions to the course are acceptable, but the course contents provided here are the minimum content areas that should be covered.

Unit plans do not indicate when to take breaks. Because this course is instructor-facilitated and involves a variety of participant activities, the instructor should decide when to call a break and for how long.

**IG Notes.** IG Notes are support materials for use by the instructor which provide solutions to some of the exercises. They are contained at the back of the appropriate module. Become familiar with these and their use before teaching this class.

**Exercises and Exercise Aids.** Exercises are very important. Their main purpose is to reinforce concepts taught in the units. It is important that you use exercises frequently to reinforce learning. Frequent, short exercises are very helpful for adult learners, especially if they allow practice of a concept. They also help to break up the monotony and allow you to inject some "fun" into the lecture.

Exercise aids are used by the participants to complete a given exercise. These aids require the participants to record information or perform an activity. Each exercise aid is contained in the Trainee Guide and referenced where appropriate in the lesson plan. Become familiar with how to use each of these aids before teaching a class.

**Presentation Screens.** Overhead presentation screens are used in this course as visual teaching aids. Paper copies of each screen are contained in the back of each unit plan for the module in which they will be used. Each screen is numbered in sequence by module and unit. For example the number "3-1-1"

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## **INSTRUCTOR GUIDE INTRODUCTION**

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means the screen is number 1 in sequence for Module 3, Unit 1. The screen numbers appear in the Trainee Guide and in your instructor lesson plan.

The transparencies are designed to be clear, straight forward indicators of topics to be discussed or content to be emphasized. They are in a bulleted text format. Make sure you are familiar with their contents before using them.

<p><b>HINT:</b> Don't use color transparencies. The colors tend to be irritating and distract from their original purpose of focusing trainees and instructors on the topics at hand.</p>
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Slides and transparencies are especially helpful when teaching certain confusing topics. This is especially important for topics like the medical section. Developing your own graphics for a presentation helps you to tailor the curriculum to the agency being trained.

**Examination.** This course includes an end-of-course examination, to be administered on the last day of the course. It consists of performance-based exercises related to the objectives throughout the course. Content areas to be included in the final examination are chosen by the local medical authority. This NHTSA curriculum suggests that the final examination (and other exams in the course) be based on the module and unit objectives.

You should evaluate each participant's performance after s/he completes the end-of-course examination. After the course, you should review exam performance for weak areas in the instruction and make adjustments as necessary.

## **EQUIPMENT, REFERENCE MATERIALS AND FACILITIES REQUIRED**

A variety of equipment and facilities are required to present this course. Make sure they are available and ready prior to conducting the course.

**Equipment.** The following equipment is required to teach this course:

1. Overhead Projection System. Make sure the equipment is in working condition before the course begins. Also ensure that extra bulbs are available for proper use.

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## **INSTRUCTOR GUIDE INTRODUCTION**

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2. Chalk Board or White Board.
3. Chart paper and easel.
4. Mock-up telephone consoles (like those used in the local agency), or at a minimum, working telephones to conduct scenarios/scripts.
5. VCR and Audio cassette players for videos and audio tapes depicting "real-life" scenarios.
6. Participant Tables/Desks. Make sure the room contains tables or desks large enough for each participant to spread out a large volume of data.

**Reference Materials.** The following is a list of reference materials that should be located in the classroom for use by the participants throughout the instruction, in the exercises and as general reference. This list identifies minimum requirements. You may want to supplement this list with other materials that you find timely or appropriate.

1. Trainee's Guide
2. Instructor's Guide
3. Other documents selected by the instructor or designated for use by local authorities (like agency policy and procedure guides, final examinations, on-the-job training documents and medical references).
4. Audio and video tapes. It is important that you use any tapes you have access to in order to demonstrate dispatch in action. They can be used for critiquing EMD behaviors (good and bad), for demonstration purposes of how to deal with problem callers, or for practicing with guide cards. Just about any situation you can think of can be demonstrated through the use of audio or video cassettes. You can even make them up with a partner for use in your classes.

**Facilities.** The following facilities are required to teach this course:

1. A main classroom large enough to comfortably hold a maximum of 24 participants, instructional equipment, etc. Regardless of the number, the classroom should be large enough to comfortably seat everyone.

# ***EMD NATIONAL STANDARD CURRICULUM***

## ***INSTRUCTOR GUIDE INTRODUCTION***

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2. "Break-out" rooms (rooms where individual trainees, groups/teams of trainees or instructor-trainee pairings can retire to conduct exercises, practice using trainee materials or meet to review course materials)
3. Break area

### **HELP!**

If for any reason you have a question about the design, content, etc. of this document or the course you are teaching, contact any of the people listed below. They should be able to help.

1. **Local Medical Authority/Program Medical Director**
2. **Communications Center Manager**
3. **Authorized Committee Member(s)**

**MODULE 1**  
***Basic Emergency Medical Dispatch Concepts***

[illegible]

# **MODULE 1**

## ***Basic Emergency Medical Dispatch Concepts***

TRAINEE TEXT	INSTRUCTOR NOTES
<div data-bbox="204 399 677 454"><b>MODULE OBJECTIVES</b></div> <p data-bbox="212 508 898 546">Upon completion of this module, you will be able to:</p> <ol data-bbox="212 760 938 1109" style="list-style-type: none"><li>1. Describe the functions, roles and responsibilities of an effective EMD.</li><li>2. Identify legal and liability issues that the EMD faces.</li><li>3. Identify strategies to avoid litigation.</li><li>4. Describe medical concepts as they relate to the EMD function.</li></ol> <div data-bbox="204 1185 662 1240"><b>MODULE DURATION</b></div> <p data-bbox="212 1301 519 1338">Approximately 4 hours.</p>	<p data-bbox="979 399 1370 432"><b>State</b> the module objective(s).</p> <p data-bbox="979 508 1409 716">It is very important that you review all unit and module objectives with trainees. This helps them to focus on the “flow” of the module or unit (and contents).</p> <p data-bbox="979 1179 1385 1212">For instructor information only.</p>

## **MODULE 1**

### ***Unit 1 Instructor Preparation***

Following are a list of questions and/or topics which appear in Unit 1, for trainees to answer and discuss. Although information is provided in the Trainee Guide and Instructor Guide, you should be prepared to discuss these questions/topics and give additional information and examples, based on local agency guidelines and your experience.

1. Why would you consider yourself an essential part of your EMS system?
2. What are five of the most common myths about EMDs? Why are they wrong?
3. What are your responsibilities as an EMD?
4. Describe local policy about HIV regulations.
5. How would you describe a successful EMD? What characteristics should one have? What kinds of things would a successful EMD do or not do? (Be prepared to give examples. We suggest you develop some scenarios of good and bad behavior. You will find some ideas and sample scenarios in Appendix B of this guide.)
6. Can you name resources commonly found in EMS systems? What resources are available in your EMS system?
7. Describe local EMS system tiers and response modes. If your trainees are from multiple agencies be sure to discuss any differences in tiers and response modes between the agencies.
8. When introducing the course, be sure to show the trainees the EMDPRS they will use. You can even pass it around, just be sure to tell the trainees not to worry too much about it yet.



**MODULE 1**  
***Unit 1 Instructor Preparation***

**Module 1 - Unit 1**  
**Introduction to the EMD Roles and Responsibilities**

TRAINEE TEXT	INSTRUCTOR NOTES
<div style="border: 1px solid black; padding: 5px;"><b>UNIT OVERVIEW</b></div> <p>The roles and responsibilities of the Emergency Medical Dispatcher (EMD) vary, in some respects, by locale. However, there are some functions and characteristics common to all EMDs.</p> <p><b>Unit 1, Introduction to the Emergency Medical Dispatcher Roles and Responsibilities,</b> introduces you to the basic concepts of Emergency Medical Dispatch. It provides you with information relating to the functions of the EMD and what it takes to be an effective EMD. Unit 1 also outlines the basic roles and responsibilities of the EMD and provides information about the three phases of the dispatch function. This unit forms the basis for the remainder of the course. Successful completion of this unit, therefore, is required to successfully complete the rest of the course.</p> <div style="border: 1px solid black; padding: 5px;"><b>UNIT OBJECTIVES</b></div> <p><b>Unit Learning Objective</b></p> <p>Upon completion of this unit, you will be able to:</p> <ol style="list-style-type: none"> <li>1. Describe the functions, roles and responsibilities of an effective EMD.</li> </ol> <p><b>Enabling Learning Objectives</b></p> <p>To meet the unit learning objective, you will:</p> <ol style="list-style-type: none"> <li>1.1. List/explain the five functions of the EMD.</li> <li>1.2. List the basic prerequisites to being a successful dispatcher.</li> </ol>	<p>&lt;<b>TG PAGE 1-3</b>&gt;</p> <p><b>Introduce</b> the unit.</p>       <p><b>State</b> the unit learning objective(s).</p>

**Module 1 - Unit 1**  
***Introduction to the EMD Roles and Responsibilities***

TRAINEE TEXT	INSTRUCTOR NOTES
<p>1.3. Identify roles and responsibilities of the EMD.</p> <p>1.4. List/explain the three phases of the dispatch function.</p> <p>1.5. Describe the local Emergency Medical Service (EMS) system.</p>	

# Module 1 - Unit 1

## Introduction to the EMD Roles and Responsibilities

TRAINEE TEXT	INSTRUCTOR NOTES
<h3 data-bbox="354 421 821 465">ABOUT THE COURSE</h3> <p data-bbox="227 546 938 790">Emergency Medical Dispatch involves the combination of telecommunication skills and medical knowledge. An Emergency Medical Dispatcher (EMD) must successfully master this body of skills and knowledge in order to be most effective in serving the public emergency medical needs as part of the local EMS system.</p> <p data-bbox="227 827 935 1109">The National Highway Traffic Safety Administration's <i>Emergency Medical Dispatch: National Standard Curriculum</i> is designed to provide this skill and knowledge. The course is an advanced public safety dispatch course, with its main emphasis on the medical side of emergency dispatching. This course does <i>not</i> focus on the telecommunications aspect of an EMD's job.</p> <div data-bbox="215 1185 959 1463"><p><b>NOTE:</b> This curriculum is designed for use when developing a locally relevant curriculum. It is not to be accepted as THE curriculum for any locale without first being reviewed, modified (as needed or required) and officially authorized by the local medical authority.</p></div> <div data-bbox="215 1539 959 1782"><p><b>NOTE:</b> Throughout this document you will see the acronym EMD. This acronym has two meanings. EMD can mean "Emergency Medical Dispatcher" or "Emergency Medical Dispatch," depending on the context in which it is used.</p></div>	<p data-bbox="995 546 1203 578">&lt;TG PAGE 1-5&gt;</p> <p data-bbox="995 622 1333 694"><b>Introduce</b> the course and provide a brief overview.</p> <p data-bbox="995 1539 1414 1720"><b>Tell</b> trainees that "EMD" can stand for Emergency Medical Dispatch or Emergency Medical Dispatcher, based on the context in which it appears.</p>

## Module 1 - Unit 1

### Introduction to the EMD Roles and Responsibilities

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TRAINEE TEXT	INSTRUCTOR NOTES
<p>The National Highway Traffic Safety Administration's <i>Emergency Medical Dispatch: National Standard Curriculum</i> is designed to provide enough material to ensure you will be able to:</p> <ol style="list-style-type: none"><li>1. State and identify the roles and responsibilities of an Emergency Medical Dispatcher;</li><li>2. Obtain sufficient and accurate information from callers to dispatch resources properly and efficiently;</li><li>3. Allocate resources properly and according to local medically approved protocols;</li><li>4. Recognize the need for and be able to recall EMS resources as appropriate and necessary;</li><li>5. Give appropriate initial emergency medical care instructions to callers as locally approved medical interrogation protocols indicate and</li><li>6. Understand the medical information found in locally approved Emergency Medical Dispatch Protocol Reference Systems (EMDPRSs).</li></ol>	<p><b>&lt;TG PAGE 1-6&gt;</b></p>
<p><b>Icons You Should Know</b></p> <p>The following table shows icons you will see in the left column of this course. Each icon in the left column means something different. The meaning of each icon is:</p>	<p><b>&lt;TG PAGE 1-7&gt;</b></p>

**Emergency Medical Dispatch: National Standard Curriculum** 1-9

## Module 1 - Unit 1

### Introduction to the EMD Roles and Responsibilities

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TRAINEE TEXT	INSTRUCTOR NOTES
<p><b>Introduction to Emergency Medical Dispatch</b></p> <p><b>Common Misconceptions About EMD.</b> Despite the obvious need for EMDs, there are many misconceptions about Emergency Medical Dispatch and EMDs. Some of these misconceptions are listed below.</p> <ol style="list-style-type: none"><li><i>1. Callers are too upset to provide accurate and useful responses to the EMD. Experience indicates that using the question sequences provided by the EMDPRS will allow you to elicit information necessary for effective dispatch.</i></li><li><i>2. Callers would not be able to provide the EMD with required information that is necessary to effectively dispatch emergency medical resources. The EMDPRS protocols are designed so that you can get the proper medical information you need for effective dispatch.</i></li><li><i>3. The medical expertise required for effective emergency medical dispatch is not important, therefore public safety officials should use non-EMD dispatchers to dispatch resources. One of your most important jobs is to give out medical instructions when told to do so by the EMDPRS.</i></li></ol> <p>EMDs are advanced telecommunicators. You will receive specific emergency medical dispatch training and be taught to use your EMDPRS to decide which resources to dispatch.</p>	<p><b>Discuss</b> the most common EMD misconceptions.</p> <p><b>Show</b> Figure 1-1-1 while discussing the first three misconceptions.</p>

TRAINEE TEXT	INSTRUCTOR NOTES
<div data-bbox="362 362 948 960"><h3 data-bbox="362 362 948 395">Common Misconceptions About EMD</h3><ul data-bbox="362 395 948 847" style="list-style-type: none"><li data-bbox="362 395 948 428">▶ Callers are too upset to provide accurate and useful responses to the EMD.</li><li data-bbox="362 428 948 491">▶ Callers are unable to provide EMDs with information needed for effective dispatch.</li><li data-bbox="362 491 948 556">▶ Medical expertise is unimportant, so why not use other public safety dispatchers?</li></ul><p data-bbox="362 847 948 880">1-1-1</p></div> <div data-bbox="362 960 948 1747"><p data-bbox="362 960 948 993">4. <i>All EMS calls must be answered "lights and sirens."</i> "In most cases, this is unnecessary. Most calls are not life-threatening. Use of an all-out response can be dangerous for both responders and bystanders. Refer to your locally approved EMDPRS for the appropriate responses available to you.</p><p data-bbox="362 993 948 1026">5. <i>The EMD is too busy dispatching to worry about asking all those questions, to provide instructions or use their protocol cards (EMDPRS).</i> This is your job! In this case, effectiveness is the key concern. You are trained to use the EMDPRS, which contains questions designed to get you the information you need for effective dispatch.</p></div>	<p data-bbox="828 362 1315 395">&lt;TG PAGE 1-9&gt;</p> <p data-bbox="828 1074 1315 1188"><b>Show</b> Figure 1-1-2 while discussing the last four misconceptions .</p>



## Module 1 - Unit 1

### Introduction to the EMD Roles and Responsibilities

TRAINEE TEXT	INSTRUCTOR NOTES
<p>6. <i>Medical advice (provided over the phone) cannot help patients and could actually be dangerous.</i> You are trained to use the EMDPRS. The EMDPRS is approved by a local medical authority whose job it is to see that the EMDPRS your office uses is NOT going to hurt anyone.</p> <p>7. <i>Using the EMDPRS increases the amount of time and resources required to process a call.</i> Experience has shown that the time required to process a call increases very little in systems using the EMDPRS, when compared to systems that do not use them. In some cases, the response time even decreases.</p> <div data-bbox="196 978 902 1491"><p><b>Common Misconceptions About EMD</b> continued...</p><ul style="list-style-type: none"><li>▶ It is dangerous NOT to go "lights and sirens."</li><li>▶ The EMD is too busy to worry about asking questions, giving instructions or using the EMDPRS.</li><li>▶ Medical advice provided over the telephone can't help patients and could be dangerous.</li></ul><p>1-1-2</p></div> <p>These myths are common. This course gives information to help you dispel these myths. Remember, the purpose of this course is to give you the skills and knowledge required to do your job.</p>	<p>&lt;TG PAGE 1-10&gt;</p>

# Module 1 - Unit 1

## Introduction to the EMD Roles and Responsibilities

TRAINEE TEXT	INSTRUCTOR NOTES
<p><b>QUESTION:</b> <i>What are five of the most common myths about EMDs? Why are they wrong?</i></p>	<p><b>Ask</b> trainees to name at least five of the common myths regarding EMDs and why they are wrong.</p> <ol style="list-style-type: none"> <li>1. Callers too upset...</li> <li>2. Callers can't give proper information...</li> <li>3. Medical expertise unimportant...</li> <li>4. All calls must be answered "lights and sirens"...</li> <li>5. EMD too busy to ask questions...</li> <li>6. Medical advice over phone useless...</li> <li>7. Using EMDPRS takes too much time...</li> </ol> <p><b>&lt;TG PAGE 1-11&gt;</b></p> <p><b>Discuss</b> EMD responsibilities.</p> <p><b>Show</b> Figure 1-1-3 while discussing the first four EMD responsibilities.</p>
<p><b>Responsibilities of the EMD.</b> As an emergency medical dispatcher, you play a vitally important role in the EMS system. Some of your responsibilities are obvious, others are not so obvious. Your responsibilities as an EMD are discussed in the following paragraphs.</p> <p><i>An EMD serves to receive and process calls for Emergency Medical Service assistance.</i> Because of this, you must receive training in the use and handling of telecommunications equipment. This course does NOT provide that training.</p>	

## Module 1 - Unit 1

### Introduction to the EMD Roles and Responsibilities

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TRAINEE TEXT	INSTRUCTOR NOTES
<p><i>An EMD must determine the nature and severity of the medical incident type. You decide what is wrong, using the EMDPRS. It tells you what type of response you should make, including what types of units to send and what instructions you can give to callers.</i></p> <p><i>An EMD is responsible for the coordination and dispatch of EMS resources. You coordinate and dispatch resources based on the pre-determined response configurations found in the local medically approved EMDPRS. You must know the availability of all resources in your system.</i></p> <p><i>The EMD provides emergency medical assistance using the local medically approved EMDPRS. You may have to provide callers with emergency medical instructions. The EMDPRS will tell when you need to do this. Remember, most calls are not life threatening. The information you give will mostly be used to make the patient more comfortable and ensure their health and safety until dispatched medical personnel arrive.</i></p> <div data-bbox="186 1185 904 1707" style="border: 1px solid black; padding: 10px; margin-top: 20px;"><p style="text-align: center;"><b>Responsibilities of the EMD</b></p><ul style="list-style-type: none"><li>▶ Receives and processes calls for EMS assistance.</li><li>▶ Determines the nature and severity of medical incidents.</li><li>▶ Coordinates and dispatches EMS resources.</li><li>▶ Gives emergency medical assistance via locally approved EMDPRS.</li></ul><p style="text-align: right;">1-1-3</p></div>	<p style="text-align: center; margin-top: 20px;"><b>&lt;TG PAGE 1-12&gt;</b></p>

# Module 1 - Unit 1

## Introduction to the EMD Roles and Responsibilities

TRAINEE TEXT	INSTRUCTOR NOTES
<p><i>An EMD relays pertinent information to responding personnel. Another responsibility of yours is to relay information about the patient to the responding unit(s). This usually includes information about the patient's location and current status.</i></p> <p><i>The EMD attempts to ensure the safety of the patient, bystanders and responders. You are required to attempt to ensure the safety of patients, bystanders and responders by warning them to remove patients from any immediate danger of further injury if possible. The EMDPRS tells you when to do this.</i></p> <p><i>An EMD provides instructions to callers that will help them prepare for the arrival of responders, based on the instruction of the EMDPRS. Your EMDPRS provides information that you can relay to callers prior to the arrival of dispatched personnel. This information makes the work of the responders easier. It includes things like locking up dogs and unlocking doors.</i></p> <p><i>The EMD coordinates with other public safety and emergency medical services as required by the situation. Based on the situation at hand, it may be necessary for you to contact other public services (like HAZMAT, Air Ambulance, etc.). Usually, air ambulance requests are issued to you by the responder at the scene. It is up to you to know and refer to your local procedures for contacting air ambulance services.</i></p>	<p><b>Show</b> Figure 1-1-4 while discussing the last four EMD responsibilities.</p> <p><b>&lt;TG PAGE 1-13&gt;</b></p>

## Module 1 - Unit 1

### Introduction to the EMD Roles and Responsibilities

TRAINEE TEXT	INSTRUCTOR NOTES
<div data-bbox="191 384 896 895"><p style="text-align: center;"><b>Responsibilities of the EMD</b> continued...</p><ul style="list-style-type: none"><li>▶ Relays pertinent information to responding personnel.</li><li>▶ Attempts to ensure safety of patients, bystanders and responding personnel.</li><li>▶ Gives instructions to callers (using the EMDPRS), helping them prepare for responder arrival.</li><li>▶ Coordinates with other public safety and EMS services as required by the situation.</li></ul><p style="text-align: right;">1-1-4</p></div>	
<div data-bbox="162 1081 912 1196"><p><b>QUESTION:</b> <i>What are your responsibilities as an EMD?</i></p></div> <p><b>Attributes/Behaviors of the Successful EMD.</b> Knowing the responsibilities of an EMD is simply not enough to be successful at it. There are certain attributes and/or behaviors of EMDs that separate the successful EMD from the rest.</p> <p><i>The successful EMD is helpful and compassionate. Dispatchers who train to be EMDs do so for various reasons. Compassion for others and the desire to help them are two of the most important characteristics of a good EMD. EMDs show compassion for their callers and treat them with respect.</i></p>	<p><b>&lt;TG PAGE 1-14&gt;</b></p> <p><b>Ask</b> trainees to identify EMD responsibilities listed here, plus probe them for any additional responsibilities that they might have at their agency.</p> <p><b>Describe</b> the proper attributes and behaviors of the EMD.</p> <p><b>Discuss</b> the most important characteristics of a good EMD.</p>

# Module 1 - Unit 1

## Introduction to the EMD Roles and Responsibilities

TRAINEE TEXT	INSTRUCTOR NOTES
<p><i>A successful EMD effectively handles the emotional stress involved in caller/patient crisis situations and clearly guides callers in these situations. Callers, patients and even you will likely be in high states of anxiety. It is up to you to calm them and yourself, gather information necessary for proper dispatch and provide callers with instructions (medical or "pre-arrival") that help in giving aid and comfort to the patient.</i></p>	<p><b>Discuss</b> the importance of handling emotional stress.</p>
<p><i>The successful EMD masters the skills, philosophy and knowledge of Emergency Medical Dispatch. To be successful, you must learn and master the skills required for effective emergency medical dispatch. These skills can be taught through courses and practice.</i></p>	<p><b>Discuss</b> these additional attributes and behaviors.</p>
<p><i>A successful EMD effectively gathers information from callers, prioritizes that information and consolidates that information in a useful format. It is essential that you be able to do all of this. Although most calls you will receive are not life-threatening (as stated earlier), there are instances where time is a critical factor in the survival of the patient. You should practice getting information in order to facilitate the dispatch process.</i></p>	
<p><i>A successful EMD assists other EMS personnel in reaching the patient's location. Without location information given by you, dispatched personnel could not find the patient.</i></p>	<p><b>&lt;TG PAGE 1-15&gt;</b></p>
<p><i>The successful EMD determines the nature of the medical emergency without diagnosing the medical problem or condition. Your job is to determine the medical emergency and dispatch personnel to deal with it.</i></p>	

## Module 1 - Unit 1

### Introduction to the EMD Roles and Responsibilities

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TRAINEE TEXT	INSTRUCTOR NOTES
<p><i>Successful EMDs assist EMS personnel on the scene as requested by EMS personnel and avoid making patient care decisions by long distance. Once you have dispatched EMS personnel, you are to provide the pre-arrival and/or medical instructions to the caller as indicated by the EMDPRS. Once they arrive on the scene you are to assist responders by doing what they ask you to do.</i></p> <p><i>A successful EMD reacts passively to hostile callers, making no judgments based on the caller's demeanor or past experience with the caller. As an EMD, you are expected to dispatch based on the information you gather from a caller in response to the questions you ask (from the EMDPRS). Caller demeanor can be deceptive. What may sound like an inebriated caller (slurred speech, slow or "wandering" response to your questioning) could be a caller suffering a stroke or a diabetic with low blood sugar.</i></p> <p><i>A successful EMD maintains confidentiality. Under no circumstance are you allowed to give out information about a patient or caller. This includes knowledge of HIV infection. <b>Check with your local legal counsel about local HIV regulations. If you are provided with the information, ask the caller to inform the responding personnel upon their arrival at the scene.</b> If someone calls and requests information about a patient's status or name, you are only allowed to tell them where the ambulance is taking a patient.</i></p>	<p><b>Tell</b> trainees to check local policy about HIV regulations.</p>

# Module 1 - Unit 1

## Introduction to the EMD Roles and Responsibilities

TRAINEE TEXT	INSTRUCTOR NOTES
<div data-bbox="225 362 941 886" style="border: 1px solid black; padding: 10px; margin-bottom: 20px;"> <p style="text-align: center;">Attributes/Behaviors of Successful EMDs</p> <ul style="list-style-type: none"> <li>▶ Helpful/compassionate</li> <li>▶ Handles stress</li> <li>▶ Masters skills of EMD</li> <li>▶ Effectively gathers information</li> <li>▶ Assists responders in locating patients</li> <li>▶ Determines nature of medical situation without diagnosing</li> <li>▶ Reacts passively to hostile callers</li> <li>▶ Maintains confidentiality</li> </ul> <p style="text-align: right;">1-1-5</p> </div> <div data-bbox="211 1048 956 1340" style="border: 1px solid black; padding: 10px;"> <p><b>QUESTION:</b> <i>How would you describe a successful EMD? What characteristics should one have? What kinds of things would a successful EMD do or not do?</i></p> </div> <p><b>Three Phases of the Dispatch Function.</b> Knowing your basic responsibilities, and what it takes to be a successful EMD is not enough. As you may or may not know, there are three major phases of the dispatching function.</p>	<p>&lt;TG PAGE 1-16&gt;</p> <p><b>Ask</b> employees to describe appropriate and inappropriate EMD behaviors based on the previous section on EMD attributes.</p> <p>We suggest you devise some scenarios of good and bad behavior prior to the commencement of training. You will find some ideas and sample scenarios that may be helpful in Appendix B of this guide.</p> <p><b>Discuss</b> the three phases of dispatch.</p>



## Module 1 - Unit 1

### Introduction to the EMD Roles and Responsibilities

TRAINEE TEXT	INSTRUCTOR NOTES
<p><i>Phase 1 - Call Receiving Activities.</i> In this phase, an EMD takes an incoming call and goes through an "all-caller interrogation" sequence. This sequence essentially allows the EMD to determine the location of the patient (<b>WHERE?</b>), the nature of the medical emergency (<b>WHAT?</b>), how it occurred (<b>HOW?</b>), to whom it occurred (<b>WHO?</b>) and when it occurred (<b>WHEN?</b>). Based on the information received, the EMD can immediately go to the proper protocol located in the EMDPRS and continue on to the next dispatch phase.</p>	<p>&lt;TG PAGE 1-17&gt;</p> <p><b>Show</b> Figure 1-1-6.</p> <p><b>Describe</b> the Call Receiving phase, including where, what, how, who and when.</p>
<div><p><b>Three Phases of the Dispatch Function</b> PHASE 1 - CALL RECEIVING ACTIVITIES</p><ul style="list-style-type: none"><li>▶ EMD takes incoming calls</li><li>▶ Engages caller in "initial survey" sequence<ul style="list-style-type: none"><li>- Where?</li><li>- What?</li><li>- How?</li><li>- Who?</li><li>- When?</li></ul></li><li>▶ EMD then goes to proper EMDPRS protocol for further information</li></ul><p>1-1-6</p></div>	<p><b>Note to Instructor:</b> This order is extremely important. "Where" must come first, regardless of whether the trainees will use ANI-ALI or E9-1-1 systems. You could cover this by referring to the "Where" component as "Verify the address of the caller and/or patient, and get a call-back number."</p>
<p><i>Phase 2 - Dispatch Activities.</i> Questioning continues in this phase, and based on the information gathered during the call receiving phase, the EMD turns to the proper protocol. This protocol provides the proper response mode. Response modes are pre-determined by local medical authorities for the most effective response to the call type. The EMD dispatches EMS personnel to the scene in the proper, pre-determined mode and configuration.</p>	<p><b>Show</b> Figure 1-1-7.</p> <p><b>Describe</b>/discuss the Dispatch activities phase.</p>

# Module 1 - Unit 1

## Introduction to the EMD Roles and Responsibilities

TRAINEE TEXT	INSTRUCTOR NOTES
<div><p><b>Three Phases of the Dispatch Function</b> PHASE 2 - DISPATCH ACTIVITIES</p><ul style="list-style-type: none"><li>▶ EMD goes to proper protocol</li><li>▶ Protocols give appropriate response mode<ul style="list-style-type: none"><li>· established by local medical authority</li></ul></li><li>▶ EMD dispatches response personnel in proper mode and configuration</li></ul><p>1-1-7</p></div> <p><i>Phase 3 - Post-Dispatch Activities.</i> Once resources have been dispatched, the EMD engages in preparing the caller/patient for the arrival of responding EMS personnel. The EMD also updates the responding personnel with additional information as it is received. This could involve giving the caller pre-arrival instructions like unlocking doors, locking up dogs, turning on lights, gathering patient medications as indicated in the EMDPRS, etc. It may also involve the provision of medical instructions as indicated by the EMDPRS.</p>	<p>&lt;TG PAGE 1-18&gt;</p> <p><b>Show</b> Figure 1-1-8.</p> <p><b>Discuss</b> Post-Dispatch activities.</p>

## Module 1 - Unit 1

### Introduction to the EMD Roles and Responsibilities

TRAINEE TEXT	INSTRUCTOR NOTES
<div><p><b>Three Phases of the Dispatch Function</b> PHASE 3 - POST-DISPATCH ACTIVITIES</p><ul style="list-style-type: none"><li>▶ EMD prepares caller for responding personnel</li><li>▶ EMD provides medical instructions as directed by the EMDPRS</li></ul><p>1-1-8</p></div> <p><b>The Emergency Medical Service (EMS) System.</b> Where does the EMD fit into the scheme of the EMS system? The answer to this question varies by locale. Your system may be very different than the EMD in the next county, city or suburb. In addition to the responsibilities you have already learned, there is one more: <i>It is the responsibility of the EMD to fully understand the EMS system in which s/he works.</i></p> <p><b>EMD vs EMS.</b> What's the difference? <i>Emergency Medical Dispatch (EMD)</i> is an advanced form of dispatch telecommunications based on specific medical training. This training makes the EMD a member of the medical community, and therefore carries responsibilities in addition to those present in basic dispatch telecommunication. An EMD serves as a <i>part</i> of the local emergency medical service system.</p> <p><i>Emergency Medical Service (EMS)</i> includes all personnel of the local public safety system with specific, specialized medical training. An EMS system is defined as a coordinated arrangement of resources (including personnel, equipment and facilities) organized to respond to medical emergencies regardless of the cause. An EMS system covers the spectrum from prevention (changing behavior to prevent injuries from occurring)</p>	<p>&lt;TG PAGE 1-19&gt;</p> <p><b>Tell</b> trainees that they are ultimately responsible for understanding their EMS system. This is especially important if your trainees come from multiple agencies.</p> <p><b>Show</b> Figure 1-1-9.</p> <p><b>Describe</b> Emergency Medical Dispatch and Emergency Medical Service and the difference between the two.</p> <p>&lt;TG PAGE 1-20&gt;</p>

# Module 1 - Unit 1

## Introduction to the EMD Roles and Responsibilities

TRAINEE TEXT	INSTRUCTOR NOTES								
<p>through rehabilitation (returning individuals to productive lives after an injury producing incident has occurred). The EMS system is a complex arrangement of components including: statewide legislation; system management; human resources and training; communications; transportation; public information and education; facilities; trauma systems; medical direction and evaluation, all designed to serve the needs of the public in medical emergencies..</p> <div><p><b>EMD vs. EMS</b></p><table><tr><th>EMD</th><th>EMS</th></tr><tr><td>is an advanced form of dispatch</td><td>is a system</td></tr><tr><td>requires specific medical training</td><td>includes all aspects of medical service to the community</td></tr><tr><td>serves as part of EMS system</td><td>includes call-takers through rehabilitation of the patient</td></tr></table><p>1-1-9</p></div>	EMD	EMS	is an advanced form of dispatch	is a system	requires specific medical training	includes all aspects of medical service to the community	serves as part of EMS system	includes call-takers through rehabilitation of the patient	
EMD	EMS								
is an advanced form of dispatch	is a system								
requires specific medical training	includes all aspects of medical service to the community								
serves as part of EMS system	includes call-takers through rehabilitation of the patient								
<p><i>Resources commonly found in an EMS system.</i> As indicated earlier, each EMS system is different. All members of the EMS system interact differently in one locale and may or may not even exist in another. In general, however, EMS systems contain the following resources:</p>	<p><b>&lt;TG PAGE 1-21&gt;</b></p> <p><b>Describe</b> these common resources of an EMS system.</p>								

## **Module 1 - Unit 1**

### ***Introduction to the EMD Roles and Responsibilities***

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TRAINEE TEXT	INSTRUCTOR NOTES
<p>1. <b>Basic Life Support (BLS)/Advanced Life Support (ALS)</b></p> <p>Generally, there are multiple types of responding resources available in many EMS systems. They are defined at the state or local level. These resources vary in the types of equipment carried, patient transport capability, treatments that can be provided and the training that the attending personnel have received. These include First Responders, BLS and ALS, defined on the following pages.</p> <p>2. <b>Fire</b></p> <p>Fire personnel often are part of the local EMS system because they have received specialized medical training. As such, they often are used as resources for emergency medical services.</p> <p>3. <b>Police</b></p> <p>Police officers are also part of many EMS systems. They may receive basic first aid training and also are frequently used to assist responding personnel in reaching patients and providing scene safety.</p> <p>4. <b>Hospitals/Emergency Care Facilities</b></p> <p>Hospital emergency departments and other emergency care facilities also are included in most EMS systems. Frequently these resources are contacted by the EMD at the request of EMS personnel at the scene. They may be contacted to get specific medical information that the responders might need.</p>	<p>&lt;TG PAGE 1-22&gt;</p>

# Module 1 - Unit 1

## Introduction to the EMD Roles and Responsibilities

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TRAINEE TEXT	INSTRUCTOR NOTES
<p>5. <b>Other</b></p> <p>There are other resources available in many EMS systems. These include hazardous materials units (aka "HAZMAT"), Sexual Assault Centers, Hyperbaric Centers, Trauma Centers, Poison Control Centers, Burn Centers, Language Translator Services, etc.</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p><b>QUESTION:</b> <i>Can you name resources commonly found in EMS systems? Think about EMS resources that are available in your EMS system. What are they?</i></p> </div> <p><b>Tiered EMS System Structures.</b> There are as many EMS system structures as there are places that have EMS systems. These systems usually are broken down into layers or "tiers." Each tier has a different level of response based on local EMS system design. In general there are four tier types. <i>Not all systems have all of these tiers.</i></p> <p>1. <b>Tier 1. First Responders</b> are used to provide immediate response to events that are determined to be highly urgent. The personnel are often trained in basic life support.</p> <p>Due to the availability and proximity of these units, they are able to provide quick response and early access to the patients while the ambulance is enroute to the scene. They are able to provide immediate treatment or stabilization of the patient.</p>	<p><b>Ask</b> trainees to name common EMS resources. Also, probe for any additional resources they might have. This is a good thing to do if your trainees are from multiple agencies.</p> <p><b>Describe</b> the typical EMS system tiers and be sure to tell trainees that not every EMS system is structured alike.</p> <p><b>&lt;TG PAGE 1-23&gt;</b></p> <p><b>Briefly describe</b> Tier 1.</p>

## Module 1 - Unit 1

### Introduction to the EMD Roles and Responsibilities

TRAINEE TEXT	INSTRUCTOR NOTES
<p>2. <b>Tier 2. Basic Life Support (BLS)</b> EMS units are usually transport ambulances staffed by emergency medical technicians (EMTs). These personnel have at least 110 hours of training in patient assessment and treatment of fractures, lacerations and other minor injuries. They are also CPR trained and are able to provide appropriate care to patients.</p> <p>EMTs provide treatment and transport for the sick and injured in cases where more advanced treatments and interventions are not required or available. They also may be used to assist more advanced level EMS responders.</p>	<p><b>Briefly describe</b> Tier 2.</p>
<p>3. <b>Tier 3. Advanced Life Support (ALS)</b> units are usually staffed by paramedics who have at least 600 hours of coursework and advanced training in the care and treatment for the sick and injured.</p> <p>There are several levels of ALS. Currently paramedics are the highest level. All levels of advanced life-support function under medical control and have a physician medical advisor responsible for the medical content of the program.</p> <p>Other ALS levels include EMT-D (for Defibrillator) and EMT-I (for Intermediate). These individuals, while not as highly trained as paramedics, are trained in defibrillation, breathing support methods (like endotracheal intubation) and are also trained in establishing intravenous lines for delivery of fluids.</p> <p>ALS personnel trained to the paramedic level can perform all functions of basic life support personnel. They also have specialized training in advanced cardiac life support, EKG interpretation and are certified to establish intravenous lines, administer specific cardiac medication along with many other therapeutic medicines under the direction of medical control. They are trained in advanced airway maintenance techniques such as</p>	<p><b>Briefly describe</b> Tier 3.</p> <p><b>&lt;TG PAGE 1-24&gt;</b></p>

## Module 1 - Unit 1

### Introduction to the EMD Roles and Responsibilities

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TRAINEE TEXT	INSTRUCTOR NOTES
<p>endotrachial intubation and have additional training in anatomy and physiology.</p> <p>4. <b>Tier 4. Air Medical Services</b> Many EMS systems have air medical support available if needed. These are usually hospital based ALS helicopter services staffed by paramedics and nurses.</p> <p>These resources are used in the most severe cases where transport time to the hospital may be the determining factor in patient survival. They are also utilized in remote areas where EMS ground transport units have difficult access.</p> <p><b>Response Modes.</b> As with tiers, response modes vary from place to place. <i>In general</i>, they fit into two categories;</p> <ol style="list-style-type: none"> <li>1. <i>"Cold" responses</i>; no lights or sirens and no special emergency vehicle rules apply; responders are part of the normal traffic flow.</li> <li>2. <i>"Hot" responses</i>; Emergency vehicle traffic laws apply; the responding vehicle uses its lights and sirens and may be permitted to exceed the legal speed limit in order to reach the patient in the quickest possible time.</li> </ol>	<p><b>Briefly describe</b> Tier 4.</p> <p><b>Briefly describe</b> response modes. You may want to consider asking trainees to identify their response types, especially if they are from multiple agencies.</p> <p><b>Review</b> local labels for these terms.</p>
<div style="border: 1px solid black; padding: 5px;"> <p><b>NOTE:</b> Your agency may have different labels for these terms. If the instructor does not review these terms with you, feel free to ask him or her about them.</p> </div>	



## **Module 1 - Unit 1**

### ***Introduction to the EMD Roles and Responsibilities***

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TRAINEE TEXT	INSTRUCTOR NOTES
<p data-bbox="207 406 358 443"><b>Summary</b></p> <p data-bbox="207 519 927 727">This unit introduced you to the basic roles and responsibilities of EMDs. It also introduced you to basic structures (tiers), resources and responses found in most EMS systems. Finally, you were introduced to the structure, resources and responses used in your EMS system.</p> <p data-bbox="207 766 865 941">In the next unit you will learn about the legal environment in which you work. <b>Unit 2, Legal and Liability Issues in Emergency Medical Dispatch</b> provides information about legal concepts that you should know.</p>	<p data-bbox="976 519 1203 556">&lt;TG PAGE 1-25&gt;</p> <p data-bbox="976 591 1401 668"><b>Review</b> the unit and ask for (and answer) trainee questions.</p>

# Common Misconceptions About EMD

- ▶ *Callers are too upset to provide accurate and useful responses to the EMD.*
- ▶ *Callers are unable to provide EMDs with information needed for effective dispatch.*
- ▶ *Medical expertise is unimportant, so why not use other public safety dispatchers?*

# Common Misconceptions About EMD

*continued...*

- ▶ *It is dangerous NOT to go "lights and sirens."*
- ▶ *The EMD is too busy to worry about asking questions, giving instructions or using the EMDPRS.*
- ▶ *Medical advice provided over the telephone can't help patients and could be dangerous.*

# Responsibilities of the EMD

- ▶ *Receives and processes calls for EMS assistance.*
- ▶ *Determines the nature and severity of medical incidents.*
- ▶ *Coordinates and dispatches EMS resources.*
- ▶ *Gives emergency medical assistance via locally approved EMDPRS.*

# Responsibilities of the EMD

*continued...*

- ▶ *Relays pertinent information to responding personnel.*
- ▶ *Attempts to ensure safety of patients, bystanders and responding personnel.*
- ▶ *Gives instructions to callers (using the EMDPRS), helping them prepare for responder arrival.*
- ▶ *Coordinates with other public safety and EMS services as required by the situation.*

# Attributes/Behaviors of Successful EMDs

- ▶ *Helpful/compassionate*
- ▶ *Handles stress*
- ▶ *Masters skills of EMD*
- ▶ *Effectively gathers information*
- ▶ *Assists responders in locating patients*
- ▶ *Determines nature of medical situation without  
diagnosing*
- ▶ *Reacts passively to hostile callers*
- ▶ *Maintains confidentiality*

# Three Phases of the Dispatch Function

## **PHASE 1 - CALL RECEIVING ACTIVITIES**

- ▶ *EMD takes incoming calls*
- ▶ *Engages caller in "initial survey" sequence*
  - *Where?*
  - *What?*
  - *How?*
  - *Who?*
  - *When?*
- ▶ *EMD then goes to proper EMDPRS protocol for further information*

# Three Phases of the Dispatch Function

## PHASE 2 - DISPATCH ACTIVITIES

- ▶ *EMD goes to proper protocol*
- ▶ *Protocols give appropriate response mode*
  - *established by local medical authority*
- ▶ *EMD dispatches response personnel in proper mode and configuration*



# Three Phases of the Dispatch Function

## PHASE 3 - POST-DISPATCH ACTIVITIES

- ▶ *EMD prepares caller for responding personnel*
- ▶ *EMD provides medical instructions as directed by the EMDPRS*

# EMD vs. EMS

EMD	EMS
<p>is an advanced form of dispatch</p> <p>requires specific medical training</p> <p>serves as part of EMS system</p>	<p>is a system</p> <p>includes all aspects of medical service to the community</p> <p>includes call-takers through rehabilitation of the patient</p>



## **MODULE 1**

### ***Unit 2 Instructor Preparation***

Following are a list of questions and/or topics which appear in Unit 2, for trainees to answer and discuss. Although information is provided in the Trainee Guide and Instructor Guide, you should be prepared to discuss these questions/topics and give additional information and examples, based on local agency guidelines and your experience.

1. Describe local immunity laws and issues. If your trainees are from multiple agencies be sure to discuss any differences in immunity laws and issues between the agencies.
2. Review local HIV policy as it relates to immunity laws and issues. Be sure you know the agency's policies on HIV, especially how the EMD can transmit knowledge of HIV status over the airwaves.

Do not spend too much time on this topic. It is highly controversial and elicits a lot of emotion. Knowing the HIV policies of the agency will help relieve some of the EMD trainees' fears. If there is no policy, encourage trainees to ask their supervisor for a written policy on what they can or cannot say over the airwaves.

3. Discuss legal issues about dangerous EMD practices and behaviors which EMDs should be familiar with, and be prepared to give examples and clarification for each.
4. Discuss local agency methods for reducing liability risk and provide examples.
5. Analyze and discuss legal/liability issues that are present in the case studies included in the exercises for this unit. (You should review the case studies in this unit and develop case studies which are appropriate for your local agency.)

**MODULE 1**  
***Unit 2 Instructor Preparation***

**MODULE 1 - Unit 2**  
***Legal and Liability Issues in Emergency Medical Dispatch***

TRAINEE TEXT	INSTRUCTOR NOTES
<div style="border: 1px solid black; padding: 5px;"><b>UNIT OVERVIEW</b></div> <p>Emergency Medical Dispatchers work under difficult conditions. The stress associated with the job comes from the nature of the calls and concern over legal issues that can arise from doing your job.</p> <p><b>Unit 2, Legal and Liability Issues in Emergency Medical Dispatch</b> gives you the legal information on your responsibilities and identifies areas of risk. You will be given some legal terminology with which you should become familiar. Then the unit gives you information on how to avoid legal problems.</p>	<p>&lt;<b>TG PAGE 1-27</b>&gt;</p> <p><b>Introduce</b> the unit.</p>
<div style="border: 1px solid black; padding: 5px;"><b>UNIT OBJECTIVES</b></div> <p><b>Unit Learning Objectives</b></p> <p>Upon completion of this unit, you will be able to:</p> <ol style="list-style-type: none"> <li>2. Identify legal and liability issues that the EMD faces.</li> <li>3. Identify strategies to avoid litigation.</li> </ol> <p><b>Enabling Learning Objectives</b></p> <p>To meet the unit learning objectives, you will:</p> <ol style="list-style-type: none"> <li>2.1 Define liability.</li> <li>2.2 Describe liability exemptions and dispatcher immunity.</li> <li>2.3 Describe negligence and how courts determine negligence.</li> </ol>	<p><b>State</b> the unit learning objectives.</p>

## **MODULE 1 - Unit 2**

### ***Legal and Liability Issues in Emergency Medical Dispatch***

TRAINEE TEXT	INSTRUCTOR NOTES
<p>2.4 Define standard of care.</p> <p>2.5 Describe abandonment.</p> <p>2.6 Describe the two types of consent.</p> <p>2.7 Explain and identify issues that surround confidentiality.</p> <p>3.1 Explain litigation and how to avoid it.</p>	<p><b>&lt;TG PAGE 1-28&gt;</b></p>

**Module 1 - Unit 2**

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***Legal and Liability Issues in Emergency Medical Dispatch***

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TRAINEE TEXT	INSTRUCTOR NOTES
<h2 style="text-align: center;">BASIC LEGAL CONCEPTS</h2> <p>As an EMD, you deal daily with life and death situations. The last thing you should have to deal with is legal issues.</p> <p>In order for you to better learn the best ways to deal with legal concerns, you must learn about the most common legal concepts.</p> <h3>Liability</h3> <p><b>Definition.</b> Liability means that you are ultimately responsible for your actions. Liability is related to negligence, because after negligence is proven in court, liability is assigned to an individual. You and/or your agency can be held liable for damages that may occur as a direct result of negligent actions, practices or conduct.</p> <div style="border: 1px solid black; padding: 10px; margin-top: 20px;"><h3 style="text-align: center;">Exemptions from Liability</h3><ul style="list-style-type: none"><li>▶ "Good Samaritan" laws provide protection to persons...</li><li>- acting in emergencies</li><li>- acting in "good faith"</li><li>- acting without regard to financial compensation or reward</li><li>- not guilty of gross negligence or malicious misconduct toward victim</li></ul><p style="text-align: right;">1-2-1</p></div>	<p><b>&lt;TG PAGE 1-29&gt;</b></p> <p><b>Introduce</b> the unit.</p>   <p><b>Show</b> Figure 1-2-1.</p> <p><b>Define and describe</b> liability.</p>



## Module 1 - Unit 2

### Legal and Liability Issues in Emergency Medical Dispatch

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TRAINEE TEXT	INSTRUCTOR NOTES
<p><b>Negligence</b></p> <p><b>Definition.</b> Negligence is defined as "failure to act or perform in a particular situation as any other reasonable, prudent dispatcher (with the same or similar training) would under the same or similar circumstances."</p> <p>In most cases the person who files a lawsuit ("plaintiff") is seeking compensation ("damages") for damage ("injury") that they allege occurred. Provided that you follow the locally approved EMDPRS and standards, the risk of negligence is significantly decreased.</p> <p><b>Proving Negligence.</b> "Intent to Harm" is not required to prove negligence. The best way to understand negligence is to learn how it is determined in court. To prove negligence, the court must determine 4 things:</p> <ol style="list-style-type: none"><li>1) <b>Duty.</b> <i>Duty is the responsibility to act or perform according to established standards of care.</i> The court must show that some "duty to act" existed in the situation. The "duty relationship" begins when the EMD answers a call.</li><li>2) <b>Breach of Duty.</b> To prove negligence, the court must show that there was a breach of duty. That is, that you did not perform your duty (by acting according to the standard of care established by the community).</li><li>3) <b>Injury/Damage.</b> To prove negligence, the court must also prove that damage or injury was done to the patient. The type and amount of injury determines the amount of "damages" awarded to the victim.</li></ol>	<p>&lt;TG PAGE 1-30&gt;</p> <p><b>Show</b> Figure 1-2-2.</p> <p><b>Define and describe</b> negligence.</p> <p><b>Tell</b> trainees the four things the courts use to define negligence.</p> <p><b>Define</b> duty.</p> <p><b>Define</b> "breach of duty."</p> <p><b>Define</b> Injury/Damage.</p>

## Module 1 - Unit 2

## ***Legal and Liability Issues in Emergency Medical Dispatch***

## TRAINEE TEXT

## INSTRUCTOR NOTES

- 4) **Proximate Cause/Causation.** The fourth criteria used to determine negligence is some determination of "causation." This means that the court has to show there is a direct relationship between the action taken by the EMD and the injury to the patient.

**<TG PAGE 1-31>**

**Define** proximate cause/causation.

## Proving Negligence

### Court Looks for 4 Things...

- ▶ Duty
- ▶ Breach of Duty
- ▶ Injury/Damage
- ▶ Proximate Cause/Causation

1-2-2

**Two Types of Negligence.** There are two types of negligence you will hear about, Simple and Gross. **Simple negligence** is defined as negligent conduct that was not purposeful or due to "malicious intent" (you didn't mean to do it). **Gross negligence** is defined as a negligent action that was undertaken with malicious intent (you meant to cause harm) and with willful disregard for the safety of persons and/or property.

**Show** Figure 1-2-3.

**Describe**/define simple and gross negligence

## Module 1 - Unit 2

### Legal and Liability Issues in Emergency Medical Dispatch

TRAINEE TEXT	INSTRUCTOR NOTES
<div data-bbox="193 377 911 888"><p data-bbox="342 438 766 482">Two Types of Negligence</p><ul data-bbox="431 591 695 679" style="list-style-type: none"><li data-bbox="431 591 695 624">▸ Simple Negligence</li><li data-bbox="431 646 683 679">▸ Gross Negligence</li></ul><p data-bbox="691 825 737 847">1-2-3</p></div> <p data-bbox="193 969 467 1006"><b>Standard of Care</b></p> <p data-bbox="193 1050 873 1192"><b>Defined.</b> The standard of care for an area can be defined at any level of government; Local, State or Federal. Usually, the standard used in a court case is the standard used by the local community.</p> <p data-bbox="193 1229 906 1334"><b>Establishing Standard of Care.</b> The court generally uses four measures of conduct to determine the local "standard of care." These four measures are:</p> <ol data-bbox="193 1378 894 1803" style="list-style-type: none"><li data-bbox="193 1378 849 1482">1) The EMD's behavior and conduct is judged in comparison to others with similar training and experience;</li><li data-bbox="193 1520 849 1624">2) The EMD's behavior and conduct is judged in comparison to locally approved protocols and guidelines;</li><li data-bbox="193 1662 894 1803">3) The EMD's behavior and conduct is judged in comparison to local or state statutes, local ordinances, case law or administrative orders that address the standard of care and</li></ol>	<p data-bbox="959 377 1190 410">&lt;TG PAGE 1-32&gt;</p> <p data-bbox="959 969 1211 1006"><b>Show</b> Figure 1-2-4.</p> <p data-bbox="959 1050 1284 1083"><b>Define</b> standard of care.</p> <p data-bbox="959 1229 1357 1334"><b>Describe</b> what the court looks for to establish a standard of care.</p>

## Module 1 - Unit 2

## Legal and Liability Issues in Emergency Medical Dispatch

## TRAINEE TEXT

## INSTRUCTOR NOTES

- 4) The EMD's behavior and conduct is judged in comparison to professional standards published by organizations involved in the development of emergency medical service standards such as the National Academy of Emergency Medical Service Physicians (NAEMSP) and the American Society for Testing and Materials (ASTM).

**<TG PAGE 1-33>**

## Establishing Standard of Care

### Establishing a "Local Standard of Care"

- ▶ Behavior judged in comparison to...
  - other EMDs with similar training and experience
  - local customs (protocols/guidelines)
  - local or state statutes, ordinances, case law or administrative orders
  - professional standards established and published by agencies involved in emergency work

1-2-4

## Other Legal Terms You Should Know

**Abandonment.** Simply put, abandonment is when you leave a patient who is known to be in a life-threatening condition. This includes **starting** treatment and then letting someone with less training take over resulting in being further injury or decline in the patient's condition.

**Principle of Reasonableness.** This refers to what a "reasonable person" would do when faced with the same or similar situation.

**Show** Figure 1-2-5

**Describe** abandonment.

**Describe** "principle of reasonableness."

## Module 1 - Unit 2

### Legal and Liability Issues in Emergency Medical Dispatch

TRAINEE TEXT	INSTRUCTOR NOTES
<p><b>Emergency Rule.</b> The Emergency Rule states that "one who is faced with an emergency cannot be held to the same standard of conduct that he/she would otherwise be held to when not faced with such a situation." Simply put, when you face an emergency you can't be expected to act the same as you would if the emergency situation was not there. It is based on the "principle of reasonableness."</p>	<p>&lt;TG PAGE 1-34&gt;</p> <p><b>Describe</b> the "emergency rule."</p>
<p><b>Foreseeability.</b> "Foreseeability" refers to the fact that you must rely solely on the information you get from callers (you can't actually see what is happening at the scene). If on-scene findings (by the resources you dispatch) are different (more serious) than those reported by the caller then you are not liable, <i>provided you followed the local EMDPRS for the reported chief complaint type</i>. Like the Emergency Rule, it is also based on the "principle of reasonableness."</p>	<p><b>Describe</b> "foreseeability" and its relation to the EMDPRS.</p>
<p><b>Detrimental Reliance.</b> A person expects that a certain action will be taken based on the fact that it has been reported in the media ("it was done before for other people"), public education or through simple reasonable expectation. If this action does not occur then the person can claim that they "relied" on the system to act in a certain way, and by doing so it ended up hurting them.</p>	<p><b>Briefly</b> review detrimental reliance.</p>
<p><b>Damages.</b> Anything awarded to winning plaintiffs. In negligence lawsuits, damages can be both "compensatory" and "punitive." <i>Compensatory damages</i> are those that involve repaying plaintiffs for money they have lost (lost wages due to lost workdays, hospital/medical bills, etc.). <i>Punitive damages</i> are those used to punish a defendant.</p>	<p><b>Describe</b> damages both compensating and punitive.</p>
<p><b>Consent.</b> Consent refers to permission to treat the sick or injured. You will usually hear about 2 types, Implied and Actual. <i>Implied Consent</i> refers to situations where if patients are unconscious and can't respond, it is safe for us to assume that they would want to be helped. <i>Actual Consent</i> is direct verbal or non-verbal communication to someone giving aid.</p>	<p><b>Define</b> consent, both implied and actual.</p>

## Module 1 - Unit 2

### Legal and Liability Issues in Emergency Medical Dispatch

TRAINEE TEXT	INSTRUCTOR NOTES
<p><b>Immunity.</b> Many states have "Good Samaritan" laws. Ask your instructor about this.</p>	<p>&lt;TG PAGE 1-35&gt;</p>
<div><p><b>NOTE:</b> Good Samaritan Laws do not apply to you while on the job. There may be local or state laws that protect you, but the "Good Samaritan Laws" don't apply under any circumstance.</p></div>	<p><b>Describe</b> local immunity laws and issues. This requires significant preparation prior to the commencement of training. This is even more important when your trainees are from multiple agencies.</p> <p><b>Tell</b> trainees that "Good Samaritan" laws don't apply to them while they are on the job.</p>
<p><b>Governmental immunity</b> is found in some cities and states. This immunity comes from 9-1-1 or EMS laws and usually applies only in cases of "simple negligence" where there was no "malicious intent." These laws do not apply to EMDs in private agencies.</p>	<p><b>Describe</b> governmental immunity.</p>
<div><p style="text-align: center;"><b>Immunity</b></p><p style="text-align: center;">"Good Samaritan" Laws and Governmental Immunity</p><ul style="list-style-type: none"><li>▶ Good Samaritan Laws vary from state-to-state</li><li>▶ Good Samaritan Laws provide immunity when...<ul style="list-style-type: none"><li>- person acts in "good faith"</li><li>- person acts in an emergency</li></ul></li><li>▶ Governmental immunity is provided by 9-1-1 or EMS laws and only applies to cases of simple negligence and only to public agencies</li></ul><p style="text-align: right;">1-2-5</p></div>	

## Module 1 - Unit 2

### Legal and Liability Issues in Emergency Medical Dispatch

TRAINEE TEXT	INSTRUCTOR NOTES
<p data-bbox="188 384 548 428"><b>Patient Confidentiality</b></p> <p data-bbox="188 476 894 613"><b>Issues in confidentiality.</b> You are expected to maintain confidentiality. Patients have the right to expect that any information they give you will be kept confidential. In terms of confidentiality, you:</p> <ol data-bbox="188 690 846 1006" style="list-style-type: none"><li>1) can't relate information about patient names;</li><li>2) can't talk about what <i>the patient</i> said;</li><li>3) can't talk about unusual behaviors that are not related to the medical condition unless danger exists (to responders) and</li><li>4) can't talk about aspects of a patient's lifestyle.</li></ol> <p data-bbox="253 1043 886 1153">Only information that is relevant to determine the proper medical response, related to scene safety, patient complaint and condition can be relayed.</p> <div data-bbox="175 1214 915 1316" style="border: 1px solid black; padding: 5px;"><p data-bbox="188 1229 886 1301"><b>NOTE:</b> Be sure to ask your instructor about local HIV policies.</p></div>	<p data-bbox="954 476 1182 508">&lt;TG PAGE 1-36&gt;</p> <p data-bbox="954 552 1382 661"><b>Tell</b> trainees about confidentiality issues and relate to this what they can or can't do.</p> <p data-bbox="954 1214 1382 1651"><b>Discuss</b> HIV with trainees. The Department of Justice says that revealing information about a patient's HIV status cannot result in that patient receiving less than appropriate care as per protocols (like delayed arrivals, refusal to treat, etc.). Check local policies on HIV information transmission via the airwaves and discuss them with the trainees.</p>

## Module 1 - Unit 2

### Legal and Liability Issues in Emergency Medical Dispatch

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TRAINEE TEXT	INSTRUCTOR NOTES
<p><b>Inappropriate Concerns and Misconceptions</b></p> <p><b>More misconceptions and concerns.</b> Some misconceptions that are common to EMD were addressed in Unit 1. In addition to those are the following. These concerns and misconceptions are those that EMDs and the public have. Throughout your training you will see why they are wrong:</p> <ol style="list-style-type: none"> <li>1) <i>EMDs should be certified as CPR instructors.</i> ASTM standards do not require that EMDs be certified as CPR instructors. Because you work in an environment where you are unable to see the patient for yourself (a "blind environment"), CPR certification is not as vital as being able to tell a caller how to do it via telephone instructions using the approved EMDPRS protocols.</li> <li>2) <i>EMDs should have advanced medical knowledge.</i> Because the EMD is operating in a blind environment, having actual "hands-on" advanced medical knowledge is not required. The basic medical concepts presented in this NHTSA curriculum provide sufficient medical knowledge for the EMD to operate effectively.</li> <li>3) <i>EMDs should relay confidential information to responding personnel.</i> The EMD should NEVER relay confidential information to responders, including HIV status. The potential for lawsuits is enormous. Confidentiality laws exist to protect citizens.</li> <li>4) <i>EMDs should fear being sued for giving medical instructions.</i> As long as you are following the procedures outlined by your agency and using the scripts presented in your locally approved EMDPRS, you are okay. The medical information you are presented with during your training (and found in your EMDPRS) are designed to help, not hurt, patients.</li> </ol>	<p><b>Describe</b> the additional misconceptions presented here.</p> <p><b>&lt;TG PAGE 1-37&gt;</b></p> <p><b>State</b> these misconceptions and tell trainees why they are wrong.</p>



## Module 1 - Unit 2

### Legal and Liability Issues in Emergency Medical Dispatch

TRAINEE TEXT	INSTRUCTOR NOTES
<p>5) <i>EMDs should fear telling callers that an ambulance is "on the way."</i> This is obviously wrong. One fear that callers have is that help isn't coming. Telling a caller that an ambulance is "on the way", <i>once one has been dispatched</i>, helps callers relax a little, making it easier for you to enlist their help in providing medical assistance to the patient.</p> <p><b>Appropriate Concerns and Dangerous Practices/Behaviors</b></p> <p><b>What to be concerned about.</b> The following are dangerous EMD practices and behaviors with which you should be familiar:</p> <ol style="list-style-type: none"><li>1) <i>failing to send emergency medical services when requested;</i></li><li>2) <i>subjective judgment of caller credibility;</i></li><li>3) <i>subjective judgment of the validity of caller's chief complaint;</i></li><li>4) <i>argumentative/combative attitude on the part of the EMD;</i></li><li>5) <i>allowing prejudices to affect objective decision making;</i></li><li>6) <i>giving medical instruction without using locally approved EMDPRS;</i></li><li>7) <i>failure to train and be certified as an EMD and</i></li><li>8) <i>not giving instructions when they are needed and you have a protocol for it.</i></li></ol>	<p><b>&lt;TG PAGE 1-38&gt;</b></p> <p><b>Show</b> Figure 1-2-6.</p> <p><b>Tell</b> trainees that these are legal issues they should be concerned about. Provide examples and clarification for each if possible.</p>

## TRAINEE TEXT

## INSTRUCTOR NOTES

## Appropriate Concerns

- ▶ failure to send resources when requested
- ▶ subjective judgment of caller credibility
- ▶ subjective judgment of chief complaint
- ▶ argumentative or combative EMD behavior
- ▶ allowing prejudices to influence decisions
- ▶ giving medical instructions without using EMDPRS
- ▶ failure to train/be certified as EMD
- ▶ not giving instructions when needed and protocol is available

1-2-6

## Avoiding/Reducing Liability (Risk Management)

**Avoiding Liability.** In an effort to avoid liability, it must be approached at two levels - agency and individual. Remember, avoiding liability means being able to avoid being found liable in a court of law.

**Agency Methods.** Agencies can use the following methods in an effort to avoid liability. Look for these types of policies/procedures in your agency:

- 1) Existence of well-defined screening/hiring procedures, used in an effort to select the best candidates for EMD.
- 2) Use of a well-organized, written orientation and training program for new employees.
- 3) Regular and objective progress reports given to probationary personnel.
- 4) Clearly defined job expectations and work descriptions.

**<TG PAGE 1-39>**

**Discuss** avoiding liability.

**Show** Figure 1-2-7.

**Discuss** the first six agency methods for reducing liability risk and provide examples if you have them.

## Module 1 - Unit 2

### Legal and Liability Issues in Emergency Medical Dispatch

TRAINEE TEXT	INSTRUCTOR NOTES
<p>5) Regularly reviewed and updated policies and procedures.</p> <p>6) Proper EMD training and certification provided.</p>	<p><b>&lt;TG PAGE 1-40&gt;</b></p>
<div><p style="text-align: center;"><b>Avoiding Liability</b> Agency Methods</p><ul style="list-style-type: none"><li>▶ Good hiring/screening procedures</li><li>▶ Well-organized, written EMD training/orientation</li><li>▶ Regular/objective progress reports for probationary personnel</li><li>▶ Clearly written job descriptions</li><li>▶ Regular review/update of policies and procedures</li><li>▶ Proper EMD training and certification</li></ul><p style="text-align: right;">1-2-7</p></div>	<p><b>Show</b> Figure 1-2-8.</p>
<p>7) Appropriate implementation of an EMD program.</p> <p>8) A well-managed EMD program.</p> <p>9) Existence of a formal relationship with a physician who gives medical direction to the EMD program.</p> <p>10) A quality assurance/quality improvement (QA/QI) program implemented for dispatch.</p> <p>11) Existence of an on-going, regular continuing education program.</p> <p>12) Budgets that allow for QA/QI improvements (including updating training materials and providing personnel and overtime required to carry out these functions).</p>	<p><b>Discuss/describe</b> the final six methods agencies can use to reduce liability.</p> <p><b>&lt;TG PAGE 1-41&gt;</b></p>

## Module 1 - Unit 2

## ***Legal and Liability Issues in Emergency Medical Dispatch***

## TRAINEE TEXT

## INSTRUCTOR NOTES

## Avoiding Liability

Agency Methods Continued...

- ▶ Appropriate implementation of EMD program
- ▶ Adequate EMD program management
- ▶ Provide physician who gives medical direction to program
- ▶ Implement QA/QI program for dispatch
- ▶ Implement on-going, regular continuing dispatch education program (CDE)
- ▶ Develop budgets that allow for improvements to be made

1-2-8

**Show** Figure 1-2-9.

**Individual Methods.** In addition to the methods described above, there are ways that you (as an individual) can avoid liability. These methods are described below.

- 1) Avoid inappropriate behaviors that have been described in this unit and in Unit 1.
- 2) Actively participate in QA/QI and continuing education programs.
- 3) Seek and obtain certification as an EMD.
- 4) Follow the EMDPRS and the policies, procedures and practices established by your agency and the local community.
- 5) Strictly adhere to the protocols and training of the EMDPRS.
- 6) Report any problems or problematic situations as soon as possible and in writing.

**Discuss** these six methods individuals can use to reduce the risk of liability.

**<TG PAGE 1-42>**

## Module 1 - Unit 2

### Legal and Liability Issues in Emergency Medical Dispatch

TRAINEE TEXT	INSTRUCTOR NOTES
<div data-bbox="201 388 922 912"><p style="text-align: center;"><b>Avoiding Liability</b> Individual Methods</p><ul style="list-style-type: none"><li>▶ Avoid inappropriate behaviors</li><li>▶ Participate in QA/QI and CDE programs</li><li>▶ Get certified as EMD</li><li>▶ Follow policies, procedures practices established by local agency</li><li>▶ Report problems/situations as soon as possible and in writing</li></ul><p style="text-align: right;">1-2-9</p></div> <p><b>Summary</b></p> <p>This unit has provided you with information about the legal aspects of your job. The purpose of the unit was to provide you with information that would make you comfortable doing your job without undue concern about lawsuits.</p> <p>You have learned some basic legal concepts that impact your job. This unit also gave you information on the two-pronged approach to avoiding liability through agency and individual methods. Information about additional misconceptions that people have about EMDs and legitimate concerns that you should have were also presented.</p> <p>The next unit prepares you for EMD by introducing you to some medical concepts that you will have to deal with on a daily basis. These terms and concepts must become familiar to you.</p>	<p><b>Review</b> the unit and ask for (and answer) trainee questions.</p> <p><b>Conduct</b> Team Analyses (see IG NOTE #1 page 1-47 for instructions. Select or design scenarios like those found in Appendix B. The scenarios in Appendix B are examples for you to follow when designing those you will use in your course.</p>

# Exemptions from Liability

- ▶ "Good Samaritan" laws provide protection to persons...
  - *acting in emergencies*
  - *acting in "good faith"*
  - *acting without regard to financial compensation or reward*
  - *not guilty of gross negligence or malicious misconduct toward victim*

# Proving Negligence

*Court Looks for 4 Things...*

- ▶ *Duty*
- ▶ *Breach of Duty*
- ▶ *Injury/Damage*
- ▶ *Proximate Cause/Causation*

# Two Types of Negligence

- ▶ *Simple Negligence*
- ▶ *Gross Negligence*



# Establishing Standard of Care

## *Establishing a "Local Standard of Care"*

- ▶ *Behavior judged in comparison to...*
  - *other EMDs with similar training and experience*
  - *local customs (protocols/guidelines)*
  - *local or state statutes, ordinances, case law or administrative orders*
  - *professional standards established and published by agencies involved in emergency work*

# Immunity

## *"Good Samaritan" Laws and Governmental Immunity*

- ▶ *Good Samaritan Laws vary from state-to-state*
- ▶ *Good Samaritan Laws provide immunity when...*
  - *person acts in "good faith"*
  - *person acts in an emergency*
- ▶ *Governmental immunity is provided by 9-1-1 or EMS laws and only applies to cases of simple negligence and only to public agencies*

# Appropriate Concerns

- ▶ *failure to send resources when requested*
- ▶ *subjective judgment of caller credibility*
- ▶ *subjective judgment of chief complaint*
- ▶ *argumentative or combative EMD behavior*
- ▶ *allowing prejudices to influence decisions*
- ▶ *giving medical instructions without using EMDPRS*
- ▶ *failure to train/be certified as EMD*
- ▶ *not giving instructions when needed and protocol is available*

# Avoiding Liability

## *Agency Methods*

- ▶ *Good hiring/screening procedures*
- ▶ *Well-organized, written EMD training/orientation*
- ▶ *Regular/objective progress reports for probationary personnel*
- ▶ *Clearly written job descriptions*
- ▶ *Regular review/update of policies and procedures*
- ▶ *Proper EMD training and certification*

# Avoiding Liability

## *Agency Methods Continued...*

- ▶ *Appropriate implementation of EMD program*
- ▶ *Adequate EMD program management*
- ▶ *Provide physician who gives medical direction to program*
- ▶ *Implement QA/QI program for dispatch*
- ▶ *Implement on-going, regular continuing dispatch education program (CDE)*
- ▶ *Develop budgets that allow for improvements to be made*

# Avoiding Liability

## *Individual Methods*

- ▶ *Avoid inappropriate behaviors*
- ▶ *Participate in QA/QI and CDE programs*
- ▶ *Get certified as EMD*
- ▶ *Follow policies, procedures practices established by local agency*
- ▶ *Report problems/situations as soon as possible and in writing*



# **MODULE 1 - IG NOTE #1**

## ***Basic Emergency Medical Dispatch Concepts***

---

### **TEAM ANALYSES**

#### **Materials:**

4 case studies  
Chart paper  
Easel  
Colored markers

#### **Approximate time to complete:**

45 minutes

#### **Note to the Instructor:**

On the following pages of this IG NOTE (IG Note #1) you will find two sample scenarios. These scenarios are provided as examples of how you may want to design your scenarios for use in class. They are by no means definitive, and you are free to develop scenarios as you want. You may even decide (if money and time are available) to create a video or audiotape of a call for use here. The possibilities are endless.

The only requirements for your scenarios are:

1. a complete text/script of a request for EMS services;
2. a copy for the trainees to read and
3. at least four scenarios.

As you develop your scenarios, consider creating a list of topics for the trainees to review. you may even decide to include these topics at the end of the trainee copies to help them focus on the relevant issues. Your copy should at least have a list of things you want the trainees to discuss.



# **MODULE 1 - IG NOTE #1**

## ***Basic Emergency Medical Dispatch Concepts***

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### **Instructions:**

The following instructions relate to the Unit 2, Team Analyses as mentioned on page 1-34 of the instructor guide.

1. Divide the class into 4 teams (as evenly as possible).
2. Pass out the cases to the trainees. There are 4 case studies.
3. Tell trainees to read each case study (10 minutes to read them all). Assign each team 1 case study to read and discuss.
4. Tell each team to read the scenario that they are assigned and to discuss the legal and liability issues (if any) that are present.
5. Tell teams that they have 20 minutes to read the scenario and prepare team answers that:
  - a) identify the legal/liability issues that are present;
  - b) Identify how to solve the problem and
  - c) identify methods to prevent this from happening again (risk management techniques that will help prevent this in the future).
6. After 20 minutes pass, call time.
7. Each team now gets 5 minutes to present its findings to the rest of the class and respond to questions presented by the other teams.
8. After each team has presented its findings, tell the class what really happened with the case, including if it went to court, how it was adjudicated and ways to identify the issues that could be prevented.

Sample scenarios are presented on the following pages.

# **MODULE 1 - IG NOTE #1**

## ***Basic Emergency Medical Dispatch Concepts***

---

### **Sample Scenario #1**

**BACKGROUND** The following calls were received from an area of town having many college student housing complexes. Several call were placed for this incident in a short time span.

Time of year: March  
Day of week: Sunday  
Time of day: 01:00 a.m.

#### **First call for the first incident:**

#### **SCRIPT**

EMD:	Paramedics
Reporting Party One:	Yea, we have someone here hyperventilating and we don't know what to do with her. ( <i>RP one has very slurred speech.</i> )
EMD:	What's the address there?
Reporting Party One:	6545.....
EMD:	Yes
Reporting Party One:	...we don't want an ambulance, we just need to know how to treat it.
EMD:	Ok, well what you need to do is call an emergency room if you're just looking for treatment. All I can do is send you an ambulance sir.
Reporting Party One:	Ok.....

*continued...*

## MODULE 1 - IG NOTE #1

### Basic Emergency Medical Dispatch Concepts

EMD:	What is she doing?
Reporting Party One:	....were not paying for an ambulance.
EMD:	Well, what is she doing right now?
Reporting Party One:	She's hyperventilating.
EMD:	Why?
Reporting Party One:	I don't know why.
EMD:	Can I speak with her?
Reporting Party One:	Sure.
Reporting Party Two:	Excuse me, ma'am. <i>(RP two also has slurred speech.)</i>
EMD:	Yes.
Reporting Party Two:	Ok, we have a person that's... ah... hyperventilating and but yet she has been drinking a lot and mass quantities. She fell and hit her head, possible concussion.
EMD:	Ok.
Reporting Party Two:	But...
EMD:	So she's having difficulty breathing?
Reporting Party Two:	She will not...she will not stop breathing hard and it's like when you're ah..
EMD:	How old is she?
Reporting Party Two:	bent over and you're cramping.

*continued...*

## **MODULE 1 - IG NOTE #1**

### ***Basic Emergency Medical Dispatch Concepts***

---

EMD:	How old is she, sir?
Reporting Party Two:	She's twentyyyyyyyy two.....and I don't know how to treat her. I've had CPR but I've never had this.
EMD:	Ok, she doesn't need CPR is she's breathing.
Reporting Party Two:	Yea, but she's...
EMD:	Is she conscious?
Reporting Party Two:	Yea, well ah barely.... would it be better is she wasn't?
EMD:	No, not at all, what's your address there?
Reporting Party Two:	Ah....Gail what's your address? I just...we're visiting so.... I just need the treatment.
EMD:	Yes, I need your address, sir, she needs medical attention.
Reporting Party One:	Hay listen, I've been through butting you medical people before....
EMD:	Sir, she needs medical attention.
Reporting Party One:	Well apparently so but I've been screwed by it before and I'm not willing to pay that unless it's a life threatening thing. She really does need help right now.
EMD:	Sir, you'll be getting help, I just need you to verify you address.
Reporting Party One:	It's 6545 Montazuma Road.
EMD:	Apartment number what?

*continued...*

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### ***Basic Emergency Medical Dispatch Concepts***

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Reporting Party One:	Seventeen.....
EMD:	Ok.
Reporting Party One:	.....but I'm not going to pay for this s__t is you're going to screw me around again.
EMD:	Ok, the girl needs help, ok?
Reporting Party One:	Well I know she does.
EMD:	All right, we're going to get help out there for her. Right now I want you to encourage her to slow her breathing down.
Reporting Party One:	Well we're trying.
EMD:	All right and we'll be out there in a couple of minutes.
Reporting Party One:	Ok.
EMD:	All right, good bye.

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### **INCIDENT #2:**

This was a second call from the same area of town and was received less than 5 seconds after the first call ended.

First call for the second incident:

#### ***SCRIPT***

EMD:	Paramedics.
Police Dept. Dispatcher:	This is P.D. with a transfer for medical aid.
Reporting Party	We need an ambulance at 5739 Montazuma Road.
EMD:	Ok, what's the medical problem there?
Reporting Party:	I guess somebody punched this guy and he's out on the ground and he's bleeding like crazy and that's all I know.
EMD:	Where's he bleeding from?
Reporting Party:	I guess from the mouth and nose.
EMD:	Is he conscious?
Reporting Party:	No he's out right now and everyone is around him. We just need someone over here right now.
EMD:	Are you inside or out on the street?
Reporting Party:	He's out on the sidewalk.
EMD:	So you really don't know what happened to him?

*continued...*

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Reporting Party:	No, we just heard all these people run out there and when we looked he was on the ground.
EMD:	Ok, we'll have someone out there in just a few minutes...stay on the line for the Police Department.

Second call for the second incident:

#### ***SCRIPT***

EMD:	Paramedics
CHP Dispatcher:	Hi CHP (California Highway Patrol) we have a cellar call reporting a person down on Montazuma Avenue.
EMD:	Ok, that's the fifty seven-hundred block?
Reporting Party:	Ah, yes...someone's passed out.
EMD:	Ok, we're already responding to that ma'am.
Reporting Party:	It's Campanile and Montazuma at the Campanile Apartments.
EMD:	Yes.
Reporting Party:	It's right in front of the Campanile Apartments, I just said I had a cellar phone and I'd call 9-1-1.
EMD:	Ok, we're already on the way to that.
Reporting Party:	Ok, thanks.

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Second call for the first incident (the hyperventilating, twenty-two year old female):

#### ***SCRIPT***

EMD:	Paramedics
Police Dept. Dispatcher:	Yea, P.D. here... this person hung up. Apparently this was a medical emergency. Do you want me to give you a call back?
EMD:	No, I don't need it. It's on my ANL/ALI and we're already responding to this.
Police Dept. Dispatcher:	I beg your pardon.
EMD:	We're already responding to this, 6545 Montazuma?
Police Dept. Dispatcher:	Right, a male said that he needed an ambulance.
EMD:	Right and he hung up on you?
Police Dept. Dispatcher:	Yes.
EMD:	Well he called us a little bit ago and we're already on the way.
Police Dept. Dispatcher:	Yea, something about hyperventilating.
EMD:	Right.
Police Dept. Dispatcher:	Ok.
EMD:	Thanks, bye bye.



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Third call was for the first incident:

#### **SCRIPT**

EMD:	Paramedics
Reporting Party:	Ah, yes I need an ambulance. I have ah ah girl here...age...what age is she? Twenty-one, she drank an excessive amount of alcohol and she's going into convulsions right now. She's thrown up as much as she possibly can and she's dry heaving. We don't know what to do.
EMD:	What's your address?
Reporting Party:	It's 6545 Montazuma Road, this is in the college area.
EMD:	Ok, exactly what is she doing right now?
Reporting Party:	Ah.....
EMD:	Ok, someone called five minutes ago and we started an ambulance five minutes ago.
Reporting Party:	...and then he tried to cancel it and now I'm calling back. I'm here....
EMD:	We haven't canceled it, we're still on the way.
Reporting Party:	Ok.
EMD:	Now what is she doing?
Reporting Party:	Ah...right now we got her into ah...I just came home and she was in front of the apartment complex and she was dry heaving. I guess she had thrown up as much as possible alcohol liquid as she had in her system.

*continued...*

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EMD:	So what are you talking about when you say a convulsion?
Reporting Party:	Ah, she's on the couch right now and she's shaking uncontrollably. We have a blanket over her... and a wash cloth on her face. We gave her water..her response...she is responding to us but ah it's not...it seems to be the longer she's sitting on the couch the less is the response we're getting from her.
EMD:	Ok, they're outside right now and all you need to do is let them in.
Reporting Party:	Ok, thanks.

#### **INSTRUCTOR NOTES**

The above scenario was taken from an actual case history and was chosen for it's learning value. This scenario is an illustration of the many different pitfalls an Emergency Medical Dispatcher (EMD) will encounter. You may use all or part of the scenario in your presentation depending on the legal points you want to cover. The following are key points to consider:

***Standard of care:*** Always follow your Emergency Medical Dispatch Protocol Reference System (EMDPRS).

***Duty relationship:*** Don't forget that the duty relationship begins when the EMD answers the phone.

***Duty to act:*** Don't let the RP's lack of medical knowledge sway your judgment or distract you from your ***duty to act.***

*continued...*

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***Abandonment:*** Don't let the involvement of alcohol/drugs or the obvious impairment of the reporting party (RP) diminish the importance of the request for medical aid.

***Consent:*** The level of consciousness and condition of the twenty-two-year-old female in the above scenario is not clear. Based on the information supplied by the reporting parties the patient was an adult. Therefore, if the patient was unconscious, ***implied consent*** is assumed. If the patient was conscious and oriented she could have given her ***actual consent*** for medical treatment. In the first scenario the dispatcher never talked to the patient so it was correctly assumed that a condition of ***implied consent*** existed. The second scenario is an example of a clear-cut situation where ***implied consent*** is indicated because the patient was reported to be unconscious.

***Breach of duty:*** When many calls are received for the same area, freeway, street complex etc. the EMD must verify the exact location of each incident. The EMD must dispatch the most appropriate response level to each incident. It is not unusual to have multiple incidents or patients in close proximity that are not related. When in doubt, always dispatch to all additional request for medical aid.

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## **Basic Emergency Medical Dispatch Concepts**

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### **Sample Scenario #2**

#### **BACKGROUND:**

This call was received at 2:00 p.m. from an area of town having a high frequency of violent crimes. The Reporting Party was the patient and the victim. The patient's speech is slow but strong and deliberate. He sounds as though he might be splinting and is experiencing some pain. His voice does not suggest any shortness of breath or difficulty breathing.

#### **SCRIPT**

EMD	Paramedics, operator 18.
Reporting Party:	Yes ma'am, I'm in real bad shape. I just got out of Detox and I got robbed too.
EMD:	Ok sir, were you injured when you were robbed?
Reporting Party:	Yes ma'am, a little bit but not that much.
EMD:	Ok, do you want to go to the hospital?
Reporting Party:	Yes ma'am, University Hospital.
EMD:	Sir, are you injured?
Reporting Party:	Yes.
EMD:	What part of your body is injured?
Reporting Party:	They stomped me real bad..my lungs.
EMD:	Sir, what part of your body was injured?
Reporting Party:	My left side.

*continued...*

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EMD:	Your left side?
Reporting Party:	Yes ma'am.
EMD:	What do you mean your left side....like you stomach?
Reporting Party:	No ma'am, my lung.
EMD:	Your lungs?
Reporting Party:	Yes.
EMD:	Were you hit in the chest?
Reporting Party:	I don't know hon. I dis....
EMD:	Where did the people go that robbed you?
Reporting Party:	I don't know that either.
EMD:	Are they still in the area....do you see them?
Reporting Party:	Yea they're around here somewhere.
EMD:	Do you see them?
Reporting Party:	Yes ma'am.
EMD:	You do see them. Ok, why don't you stay on the line with the police and I'll get somebody on the way?
Reporting Party:	Ok.
Radio Dispatcher:	Medic 28 respond to Eleventh and Market for an assault victim with a chest injury. Stand back for Police Department to clear the scene, the assailants are still in the area, Police Department is responding.

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#### **INSTRUCTOR NOTES**

This scenario should evoke several topics for discussion.

Should they tell the responding units to ***"stand back?"***

What is the Dispatcher's responsibility to the responding units?

What is the Dispatcher's responsibility to the patient?

Will a delay in care cause a worsening of the patients condition?

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### ***Basic Emergency Medical Dispatch Concepts***

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